Date Received Pigase rater to the instructions Notification of to Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). (For Official Use Only) Regulated Waste NOV 2 0 1995 Activity United States Environmental Protection Age 1. Installation's EPA ID Number (Mark 'X' in the appropriate box) C Installation's EPA ID Niliniber A. First Notification B. Subsequent Notification (complete item C) II. Name of Installation (include company and specific she name) III. Location of Installation (Physical address not P.O. Box or Route Number) 131 Street (continued) City of Town State ZIP Code County Code County Name IV. Installation Malling Address (See Instructions) Street or P.O. Box City or Town State ZIP Code V. Installation Contact (Person to be contacted regarding weste activities at site) Name (fast) (Trat) Job Title 🐭 Phone Number tares code and number VL Installation Contact Address (See Instructions) Contact Address B. Street or P.O. Box 0 City or Town ZIP Code VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ß Street, P.D. Box, or Route Number State ZIP Code B. Land Type | C. Owner Type | D. Change of Owner (Date Changed) Month Day Year Phone Number (eres code and number) Indicator 8 Ø No

		ID - For Official Use Only
VIII. Type of Regulated Wasta Activity (Mark 'X' in the appro	opriate boxes. Refer to i	nstructions.)
A. Hazardous Waste Activity		B. Used Oil Fuel Activities
a. Breater than 1000kg/mo (2.200 lbs.) b. 100 to 1000 kg/mo (220 lbs.) c. Less then 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes b. For commercial purposes location in the second in boxes 1-5 below) c. Boiler c. Boiler c. Boiler d. Air	Storer; Disposer (at n) Note: A permit is required shifty; see Instructions, is Waste Fuel ator Marketing to Burner Marketing and Instruction archor Industrial Furnace Smaller Determit Small Cusmitly Exemption is Type of Combustion (a) Utility Boller Industrial Furnace Industrial Boller Industrial Furnace and Injection Control	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner D. Other Marketer D. Burner - Indicate device(s) - Type of Combustion Device 1. Liffly Boller 2. Industrial Boller 3. Industrial Furnace 2. Specification Used Oil Fuel Markets (or On-site Burner) Who First Caline the Oil Meets the Specification 3. Specification 2. Specification Used Oil Fuel Markets (or On-site Burner) Who First Caline the Oil Meets the Specification 3. Industrial Furnace 2. Specification Used Oil Fuel Markets (or On-site Burner) Who First Caline the Oil Meets the Specification 3. Industrial Furnace 3. Industrial Furnace
IX. Description of Regulated Wastes (Use additional sheets A. Characteristics of Nonlisted Hazardous Wastes, Mark X in the wastes your installation handles. (See 40 CSR from 25)		
1. ignitable 2. Corrosive 3. Peschive (2003) Characteristic (2000)		B Tanking Characteristic contemporarily)
B. Listed Hazardous Wastea. (See 40 CFR 281.31 - 33. See instruction of the contraction o	ons if you need to list more to	than 12 waste codes.) .5
C. Other Wastes. (State or other wastes requiring a handler to have at 2 and 1	I.D. number. See instruction	9 - 5 - 5
. Certification		
I certify under penalty of law that this document and all attace accordance with a system designed to assure that qualifies submitted. Based on my inquiry of the person or persons who gathering the information, the information submitted is, to complete. I am aware that there are significant penalties for submitted for knowing violations. Inditing	or personner properly g manage the system, or th the best of my knowled bmitting false information	ather and evaluate the information lose persons directly responsible for
L Comments		
•		
Note: Mail completed form to the appropriate EPA Regional or State	Office. (See Section III of	the hooklet for addresses)

Please rater to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste United States Environmental Protection America

Date Received (For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	ILR 000 013 110
A. First Notification B. Subsequent Notification (complete item C)	ILK 000 013 110
II. Name of installation (include company and specific she name)	
CHEMICAL LUBRICAL	NTS
III. Location of installation (Physical address not P.O. Box or Rout	
Street	A 11 11 11 11 11 11 11 11 11 11 11 11 11
100 S OLD KIRK R	D
Street (continued)	
City or Town	State ZIP Code
GENENA	11460134-
County Code County Name	
089KANE	
IV Installation Mailing Address (See Instructions)	
Street or P.O. Box	
SAME	
City or Town	State ZIP Code
V. Installation Contact (Person to be contacted regarding waste a	
Name (fast) (fire	
CARLSEN	EFF
	_,,,,
	OR - 232 - 7900
VI Installation Contact Address (See Instructions)	08-752-7700
A Comine Address in the second	
Location Mailing	
X 100 17 16 17 1 1 1	
GENEVA III	State ZIP Code
	160/34-10
VII. Ownership (See instructions)	
A. Name of Installation's Legal Owner	<u> </u>
TOSEPH OBRIEN SA	
Street, P.O. Box, or Route Number	2
100 BOLDKIRK R	
City or Town	State ZIP Code
JENERA	1/460/314-1-1
Phone Number (area code and number)	Owner Type D. Change of Owner (Date Changed) Indicator Month Day Year
708-232-7900	Indicator Month Day Year Yes No

			ID - For Official Use Only
VIII. Type of Regulated Weste Act		e boxes. Refer to instr	uctions.)
	dous Waste Activity		Used Oil Fuel Activities
1. Generator (See trainuctions) a. Greater than 1000kg/mo (2.20 - 2.20 c. Less than 100 kg/mo (220 - 2.20 c. Less than 100 kg/mo (220 that 2.20 c	O los) 4. Mazzerdoue Wai a. Germator M b. Other Marke c. Soller and/o 1. Small 1. Small 2. Small Indicate Typ Device(a) 1. Utility 2. indus 3. indus 5. Underground in	e. A permit is required see instructions. Se Fuel artesting to Burner sters Industrial Furnace ar Deferral Quartity Exemption Boiler trial Boiler trial Furnace section Control	1. Dff-Specification Used Oil Fuel a. Generator Marketing to Biarr b. Other Marketer c. Burner - indicate device(s) Type of Combustion Device 1. Utility Boller 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Market Gron-site Burner) Who First Claims the Oil Meets the Specification.
Characteristics of Nonlisted Hazard wastes your installation handles. (See	ous Wastes. Mark 'X' in the boxes 40 CFR Parts 261.20 - 261.24)	соттемponding to the chara	octenistics of nonlisted hazardous
ignitable 2 Corrosive 3 Reactive (D001) (D002) (D003)	Toxicity Characteristic (D000)		
\square	Can space: SPA No.		
Listed Hazardous Wastes. (See 40 C	FR 261.31 - 33. See instructions if	you need to list more than	12 waste codes.)
1 2	4 / - 3 - 1 / E	•	<i>5</i> 6
		10	
	┧ ╎┍ ┋┪		11 12
Other Wester (State of the			
Other Wastes. (State or other wastes	requiring a handler to have an I.D.:	number. See instructions.)	
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ertification			
	e document and all ansatz		
ortify under penalty of law that the cordance with a system designe omitted. Based on my inquiry of the	o co costre tree qualities pe	sonnel propeny gaine	er and evaluate the information
omitted. Based on my inquiry of the hering the information, the info inplete. I am aware that there are s prisonment for knowing violation	mation submitted is as as a	ge the system, or those	persons directly responsible to
prisonment for knowing violations	L.	ng raise information, in	cluding the possibility of fine an
eff (inh	Name and Official Title (ty)	pe or print)	Date Signed
omments		36	
-		. (See Section III of the	

Please refer to the Instructions for

Continue on rever-

00-12 (Rev. 11-85) Previous edition is obsolete.

riligio (d. 1881). (d. 18

United States Environmental Protection Agency Washington, DC 20460 Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation **Notification of Hazardous Waste** and Recovery Act). For Official Use Only Comments **Date Received** day) mo. Installation's EPA ID Number Approved I. Name of Installation **Installation Mailing Address** Street or P.O. Box 0 **ZIP** Code State City or Town Location of Installation Street or Route Number ZIP Code City or Town State **Installation Contact** Phone Number (area code and number) Name and Title (last, first, and job title) Ownership B. Type of Ownership (enter code) A. Name of Installation's Legal Owner J OHN VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity 6. Off-Specification Used DI Fuel (enter 'X' and mark appropriate boxes below) 1b. Less than 1,000 kg/mo. 1a. Generator 2. Transporter a. Generator Marketing to ☐ 3. Treater/Storer/Disposer 4. Underground Injection b. Other Marketer 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) 7. Specification Used Oil Fuel Warkeley for the Who First Claims the Oil Meets the Specification a. Generator Marketing to Burner b. Other Marketer VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) B. Industrial Boiler C. Industrial Furnace A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es D. Water ☐ E. Other (specify) A. Air B. Rail C. Highway IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number A. First Notification ☐ B. Subsequent Notification (complete item C) 1988

		ID	— For Official Use On	ıly
		C W		T/A C
X. Description of Hazardous V	Vastes (continued from fr			1
A. Hazardous Wastes from Nonspecif	ic Sources Enter the four dist	40.050.0	261 31 for each listed h	272rdoug wigete
from nonspecific sources your instal	lation handles. Use additional s	sheets if necessary.		ozardous waste
1 2	3	4	5	6
1 NONE				
7 8	9	10	11	
				12
P. Harridan W. et al.				
B. Hazardous Wastes from Specific Se specific sources your installation ha	purces. Enter the four-digit num ndles. Use additional sheets if r	nber from 40 CFR Part 261.; necessary.	32 for each listed hazar	dous waste from
13 14	15	16	17	10
				. 18
19 20	21	22	23	24
25 26	27	28	29	30
C. Commercial Chemical Product House				
C. Commercial Chemical Product Haze your installation handles which may	ardous wastes. Enter the four- be a hazardous waste. Use add	digit number from 40 CFR P itional sheets if necessary.	art 261,33 for each che	mical substance
. 31 32	33	34 \	35	36
37 38				
37 38	39	40	41	42
43 44	45	46	47	48
D. Listed Infectious Wastes. Enter the f	our-digit number from 40 CER I	Part 261 34 for each beauty		
pitals, or medical and research labora	tories your installation handles	. Use additional sheets if ne	cessary.	is, veterinary hos-
49 50	51	52	53	54
E. Characteristics of Nonlisted Hazardo your installation handles. (See 40 CFR	us Wastes Mark 'X' in the box	es corresponding to the abo		
your installation handles. (See 40 CFR	Parts 261.21 — 261.24)	es corresponding to the cha	racteristics of nonlisted	i hazardous wastes
1. Ignitable	2. Corrosive	☐ 3. Reactive	•	4. Toxic
(D001) XI. Certification	(D002)	(D003)		(D000)
	that I have never all			
I certify under penalty of law t this and all attached documen obtaining the information. The	ils. gilu liidi Daseli IIII III	I INGILIEV OT TOOCA IDAW	udusic immonatiotali	
	neve mai me simmmon m	ITOPPY STION IN TUIL A BOOK		
ancre are significant penalties	Tor Submitting raise infort	mation, including the p	ossibility of fine and	d imprisonment.
Signature	Name and O	fficial Title (type or print)	Date	Signed
you VIII lan	X Prot	Lander		12/8/87
EPA Form 8700-12 (Rev. 11-85) Rever	150			- / - / - /

EPA Form 8700-12 (Rev. 11-85) Reverse

United States Environmental Pro Washington, DC 204 Please print or type with ELITE type (12 characters per inch) in the unshaded areas United States Environmental Pro Washington, DC 204 Please print or type with ELITE type (12 characters per inch) in the unshaded areas United States Environmental Pro Washington, DC 204 Please print or type with ELITE type (12 characters per inch) in the unshaded areas United States Environmental Pro Washington, DC 204	Please refer to the Instructions for Filing Notification before completing this form. The information requested
For Official Use Only	nments
C C C C C C C C C C C C C C C C C C C	iments
Installation's EPA ID Number	Date Received Approved (yr. mo. day)
C 1 1 D 6 D 6 2 6 2 4 1 6 T/A C	A 971709
I. Name of Installation	
CARLSON TOOL É	MACHINE COMPANY
II. Installation Mailing Address	
Street	or P.O. Box
32300 GARY LANE	
City or Town	State ZIP Code
4 GENEVA	160134
III. Location of Installation Street or I	Route Number
COSOO GARY LANE	
City or Town	State ZIP Code
GENEVA	IL 60134
IV. Installation Contact	
Name and Title (last, first, and job title)	Phone Number (area code and number)
2 DOHERTY DON	3122322460
V. Ownership A. Name of Installation's Legal Own	er B. Type of Ownership (enter code)
CARLSON JOHN	P
VI. Type of Regulated Waste Activity (Mark 'X' in the a)	opropriate boxes. Refer to instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
■ 1a. Generator■ 1b. Less than 1,000 kg/mo.■ 2. Transporter	6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
3. Treater/Storer/Disposer	a. Generator Marketing to Burner
☐ 4. Underground Injection ☐ 5. Market or Burn Hazardous Waste Fuel	☐ b. Other Marketer
(enter 'X' and mark appropriate boxes below) ☐ a. Generator Marketing to Burner	☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
b. Other Marketer	Who First Claims the Oil Meets the Specification
C. Burner VII. Waste Fuel Burning: Type of Combustion Device (e)	nter 'X' in all appropriate boxes to indicate type of combustion device(s) in
which hazardous waste fuel or off-specification used oil fuel is burned.	See instructions for definitions of combustion devices.)
☐ A. Utility Boiler ☐ B. Indust VIII. Mode of Transportation (transporters only — enter	rial Boiler
	Other (specify)
IX. First or Subsequent Notification	
	allation's first notification of hazardous waste activity or a subsequent EPA ID Number in the space provided below.
	C. Installation's EPA ID Number
🛮 A. First Notification 🗆 B. Subsequent Notification (complete i	tem C)

) — For Official U	se Only
			E		T/A
X. Description of Haz	ardous Wastes	(continued from froi	4.7.7.1		
A. Hazardous Wastes from from nonspecific sources	Nonspecific Source	es. Enter the four digit o	umber from 40 CCO time	261.31 for each li	sted hazardous waste
1	2	3	4	5	6
NONE					
7	8	9	10	11	12
Hazardous Wastes from	Specific Sources	oter the four-digit gumb	er from 40 CEP Part 361	27 (
1 1 1	kanarion nanules. O	se additional sheets if ne	cessary.	32 for each listed	nazardous waste from
13	14	15	16	17	18
19					
	20	21	22	23	24
25	26	27			
		2/	28	29	30
Commercial Chemical P	roduct Hazardous \	Vastes. Enter the four dir			
7 invalidation randicis	which may be a haz	ardous waste. Use addition	onal sheets if necessary.	Part 261.33 for ea	ch chemical substance
31	32	33	34	35	36
37	38	39	40	41	42
43					
	44	45	46	47	48
Listed Infectious Waston					
Listed Infectious Wastes pitals, or medical and rese	earch laboratories yo	our installation handles. U	rt 261.34 for each hazard Jse additional sheets if n	dous waste from h ecessary.	ospitals, veterinary hos-
49	50	51	52	53	54
Characteristics of Nonlist your installation handles.	t ed Hazardous Was (See 40 CFR Parts 2	tes. Mark 'X' in the boxes 61.21 — 261.24)	corresponding to the ch	aracteristics of no	nlisted hazardous wastes
1. Ignitable (D001)		☐ 2. Corrosive (D002)	☐ 3. Reactiv	e	4. Toxic
Certification	- Σ	(5002)	(D003)		(D000)
obtaining the inform	i documents, an ation, I believe tl	a that based on my i nat the submitted infi	nquiry of those indi- ntmation is true, acco	viduals immed	rmation submitted in lately responsible for plete. I am aware that ne and imprisonment.
Inature O	$ \rightarrow $		cial Title (type or print)		Date Signed
// []		1	A.		
John OM	Carl	Pron	del	;	12/8/87



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

DEC 30 1987

5HS-JCK-13

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (Form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of your notification form should be retained for future use.

If you have any further questions regarding hazardous waste activity, please contact our Hotline at (312) 886-4001.

Sincerely yours,

Art Kawatachi, Chief Information Management Unit Program Management Section

			·	
	•			

orm Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

sion

Please refer to Section V. Line-byLine instructions for Completing
EPA Form 8700-12 before
completing this form. The
information requested here is
required by law (Section 3010 of
the Resource Conservation and
Recovery Act).

Notification of Regulated Waste Activity

D) E Composition of the Conficial Use Only

MAR 2 5 2002

MAR 2 5

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	The second secon
A. Initial Notification (Complete item C)	C. Installation's EPA ID Name PA - REGIO
II. Name of Installation (Include company and specific site name)	4001110231818131
PRESSITECHNITONEC	
III. Location of Installation (Physical address not P.O. Box or Route N	
Street	
33 W 749 RED DI	
Street (Continued)	
The state of the s	
City or Town	MAR 2 5 20
GENEVALITITI	State Zip Code
County Code County Name	TLOOS 344. Posticides & Oxi
IV. Installation Mailing Address (See instructions)	
Street or P.O. Box	the contact of the co
3/3/W/749/0/5/5/5/5/	
City or Town	GENEVA TWNS
	State ZIp Code
JESTICHI QAGO TO	11140185-470
Installation Contact (Person to be contacted regarding waste activities	es at site)
ame (Last) (First)	
ECKBEE 100	01
ob Title Phone	Number (Area Code and Number)
1	0 - 208 - 8800
. Installation Contact Address (See instructions)	
A. Contact Address ocation Mailing B. Street or P.O. Box	
X 33 N 749 REE	
ty or Town	
ESTCHICAGO	
Ownership (See instructions)	114601185-111
Name of Installation's Legal Owner	
	mater () at the major of the property of the
orTown	SAN 17 0 1
	State Zip Code
ESTICHICAGO	11-160118151-111
ne Number (Area Code and Number) B. Land Type C. Owner	

EPA Form 8700-12 (Rev. 12/99)

(h3) xis 102

			ID -	For Official Use Only
VIII Turo of D		1:	100	The property of the second second
VIII. Type of Regulated Waste Activity (Mark 'X' In the appropriate boxes. Re	fer to in	etrici	lone	
A Hazardous Waste Activities	ii.,	1		
		-	C. U	sed Oil Management Activi
Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 7. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Treater, Storer, Dispo installation) Note: A perequired for this activity instructions Fequired for this activity instructions Furnace a. Smelting, Melting, and I b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	rmit is ty, see iustrial Refin- Burner			Used Oil Transporter/Transi Facility - Indicate Type(s) of Activity(les) a Transporter b. Transfer Facility Used Oil Processor/Re-refine Indicate Type(s) of Activity(le Processor b. Re-refiner Off-Specification Used Oil Builsed Oil Fuel Marketer Marketer Who Directs Ships of Off-Specification Used Oil Used Oil Burner Used Oil Burner Marketer Who First Claims to
B. Universal Waste Activity				Specifications -
The control of the co			orang A	
☐ Large Quantity Handler of Universal Waste		1.		
IX. Description of Hazardous Wastes (Use additional sheets if necessary)			100	
A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you nee				
20131 - 33; See instructions if you nee	d to list	more	than	12 waste codes
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	料學的			
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B. Characteristics of Nonlisted Head	ponding	to the	e cha	
B. Characteristics of Nonlisted Hazardous Wastes. (Mark X' In the boxes corres nonlisted hazardous wastes your installation handles; See 40 CFR Parts 251.20 26 to list more than 4 toxicity characteristic waste codes.)	ponding 1.24; Se	to the	e cha	
B. Characteristics of Nonlisted Hazardous Wastes. (Mark X' In the boxes corres nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 26 to list more than 4 toxicity characteristic waste codes.)	N. 157			racteristics of ons if you need
B. Characteristics of Nonlisted Hazardous Wastes. (Mark X' In the boxes corres nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 26 to list more than 4 toxicity characteristic waste codes.) Ignitable 2 Corrosive 3. Reactive 4.Toxicity (List specific EPA hazardous waste number(s) (D001)	N. 157			racteristics of ons if you need
B. Characteristics of Nonlisted Hazardous Wastes. (Mark X' In the boxes corres nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 26 to list more than 4 toxicity characteristic waste codes.)	N. 157		Chara	racteristics of ons if you need.
B. Characteristics of Nonlisted Hazardous Wastes. (Mark X' In the boxes corres nonlisted hazardous westes your installation handles; See 40 CFR Parts 261.20 - 26 to list more than 4 toxicity characteristic waste codes.) Ignitable 2 Corrosive 3.Reactive 4.Toxicity (D002) (D002) 4.Toxicity	N. 157	xicity	Chara	racteristics of ons if you need
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B. Characteristics of Nonlisted Hazardous Wastes. (Mark X in the boxes corres nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 26 to list more than 4 toxicity characteristic waste codes.) Ignitable 2 Corrosive 3. Reactive 4. Toxicity (D001) (D002) (D003) Characteristic 2	for the To	xicity	Chara	racteristics of ons if you need cteristic contaminant(s))
B. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxes corres nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 26 to list more than 4 toxicity characteristic waste codes.) [List specific EPA hazardous waste number(s) (D001) (D002) (D003) Characteristic 2 [C. Other Wastes. (State-regulated or other wastes requiring a handler to have an i.D. in the control of t	for the To	xicity	Chara	racteristics of ons if you need cteristic contaminant(s))
B. Characteristics of Nonlisted Hazardous Wastes. (Mark X' In the boxes corres nonlisted hazardous westes your installation handles; See 40 CFR Parts 261.20 - 26 to list more than 4 toxicity characteristic waste codes.) Ignitable 2 Corrosive 3.Reactive 4.Toxicity (D002) (D002) 4.Toxicity	for the To	3 See II	Chara	cteristic contaminant(s))
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B. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxes corres nonlisted hazardous wastes your installation handles; See 40 CFR Parts 251.2026 to list more than 4 toxicity characteristic waste codes.) [List specific EPA hazardous waste number(s) (D001) (D002) (D003) Characteristic 2 [C. Other Wastes. (State-regulated or other wastes requiring a handler to have an i.D. in the control of th	for the To	3 See II	Chara	cteristic contaminant(s))
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C. Installation's EPA ID Number

United States Environmental Protection Washington, DC 20460 Washington, DC 20460 For Official Use Only	89.7565	Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).
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midwast Hydraul	1 69	2 2 2
II. Installation Mailing Address		
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City or Town		TL601314
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IV. Installation Contact		
Name and Title (lest, first, and job title)		a a a a a a a a a a
V. Ownership		
A. Name of Installation's Legal Owner		B. Type of Ownership (enter code)
emidwast Hydraul	[C S	p
VI. Type of Regulated Waste Activity (Mark 'X' in the approp	priate boxes. Refer to ins	tructions.)
A. Hazardous Waste Activity		il Fuel Activities
2. Transporter	8. Off-Specification Used Oi (enter 'X' and mark appro	priete boxes below
☐ 3. Treater/Storer/Disposer	a. Generator Market	ing to Burner
4. Underground Injection 5. Market or Burn Hazardous Waste Fuel	☐ b. Other Marketer	70M 20 1909
(enter 'X' and mark appropriate boxes below)	C. Burner	RCRA-IMS
a. Generator Marketing to Burner b. Other Marketer	7. Specification Used Oil Fu Who First Claims the Oil	el Marketer (of On site Burner) Meets the Specification R. F. C. M. V.
c, Burner		erer milit itemieri
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X which hezerdous weste fuel or off-specification used oil fuel is burned. See it		
A. Utility Boiler B. Industrial Bo		ndustrial Furnace
VIII. Mode of Transportation (transporters only — enter 'X' in		1
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other /		
IX. First or Subsequent Notification		
Merk 'X' in the appropriate box to indicate whether this is your installation notification. If this is not your first notification, enter your installation's EPA I		

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Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-07 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only United States Environmental Protection Agenc Washington, DC 20460 Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation Notification of Hazardous Waste Activity and Recovery Act). Comments C **Date Received** Installation's EPA ID Number day lvr. mo. Approved I. Name of Installation II. Installation Mailing Street or P.O. Box City or Town State ocation of Installation Street or Route Number Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number) 8. Type of Ownership (enter code) Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) **B. Used Oil Fuel Activities** A. Hazardous Wa 6. Off-Specification Used Oil Fy a. Generator 1b. Less than 1,000 kg/mo. Burner (enter 'X' and mark appropri 2. Transporter a. Generator Marketing ☐ 3. Treater/Storer/Disposer 4. Underground Injection ☐ b. Other Marketer 5. Market or Burn Hezardous Weste Fuel (enter 'X' and mark appropriate boxes below) 7. Specification Used Oil Fuel Marketer to a. Generator Marketing to Burner Who First Claims the Oil Meets the Specific b. Other Markster VII. Waste Fuel Burning: Type of Combustion Device (enter X in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A. Utility Boiler B. Industrial Boiler C. Industrial Furnace VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es, Kane-089 🔲 8. Rail C. Highway D. Water E. Other (specify) IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent

C Installation's EPA ID Number

notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

AUG 10 1989

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of the notification form should be retained for future use.

If your facility is in the state of Michigan and you were previously issued an ID number with an MIG prefix, do not use the MIG number. This is a state number. Be sure to use the MID number only.

If you have any further questions regarding hazardous waste activity, please contact the Region V Solid Waste Hotline at (312) 886-4001.

Sincerely yours,

Arthur S. Kawatachi Information Section Office of RCRA

Enclosure

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